Florida Department of State

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Fax Number : (850)617-6381

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Account Name : CSH SERVICES, LLC Account Number : 120070000160

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Phone: (800)494-3124
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FLORIDA PROFIT/NON PROFIT CORPORATION

RITES OF PASSAGE II MANHOOD, INC.

Certificate of Status	0
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May 7, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CSH SERVICES, LLC

SUBJECT: RITES OF PASSAGE II MANHOOD, INC.

REF: W08000022925

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must have a Florida street address. A post office box is not acceptable.

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Tim Burch Regulatory Specialist II New Filing Section FAX Aud. #: H08000122871 Letter Number: 108A00029245

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

RITES OF PASSAGE II MANHOOD, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business address is:

620 WELLS ROAD

ORANGE PARK, FLORIDA 32073

The mailing address is:

P.O. BOX 1702

MIDDLEBURG, FLORIDA 32050

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR

TRACY MAXWELL

P.O. BOX 1702

MIDDLEBURG, FLORIDA 32050

VICE PRESIDENT

ANTHONY JOHNSON

P.O. BOX 1702

MIDDLEBURG, FLORIDA 32050

PRESIDENT

HAWTHRONE HERBERT

P.O. BOX 1702

MIDDLEBURG, FLORIDA 32050

H.08006122871-3

PAGE 2 RITES OF PASSAGE II MANHOOD, INC.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

TRACY MAXWELL 620 WELLS ROAD ORANGE PARK, FLORIDA 32073

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

HAWTHRONE HERBERT P.O. BOX 1702 MIDDLEBURG, FLORIDA 32050

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

TRACY MAXWELL / Registered Agent

HAWTHRONE HERBERT /Incorporator

May 6, 2002

5/6/08 Date

SECREJANY OF STATE

APPENDICE.